

Cancel 1-50
125-438

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1							
2							
3							
4							
5							
6							
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46							
47							
48							
49							
50							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

CLAIMS	1		2		3		4
	IND	DEP	IND	DEP	IND	DEP	
51	1						
52		1					
53		1					
54		1					
55		1					
56		1					
57		1					
58		1					
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90		1					
91		1					
92		1					
93		1					
94		1					
95		1					
96		1					
97		1					
98		1					
99		1					
100		1					
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							